

Summary of Benefits Report for Delaware, Medicaid

InsureKidsNow.gov

Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	2 x year	more than two prior auth
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	more than two prior auth
Sealants (list any tooth-specific limits)	Yes	1 x every 5 years	posterior teeth only
Space maintainers	Yes	1 x lifetime	replacment prior auth

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Dental examinations	Yes	2 x year		1
X-Rays				
Bitewing	Yes	up to 4 x year	narrative if more than 4 a year	
Full Mouth	Yes	3 x year	prior auth for need one before 3 years	
Panoramic	Yes	3 x year	prior auth for need one before 3 years	

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Fillings				
Silver amalgam	Yes		narrative if replaced in less than two years	
Tooth colored composite	Yes		narrative if replaced in less than two years	
Crowns/tooth caps				
Stainless steel crowns	Yes		one time in 5 years	
Metal (only) crowns	Yes - only with prior authorization		one time in 5 years	
Metal/porcelain crowns	Yes - only with prior authorization		one time in 5 years	
Porcelain (only) crowns	Yes - only with prior authorization		one time in 5 years	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes - only with prior authorization			
Dentures				
Partial dentures	Yes - only with prior authorization		one time in 5 years	
Complete dentures	Yes - only with prior authorization		one time in 5 years	
Bridges	Yes - only with prior authorization		one time in 5 years limited to anterior	
Orthodontics*				

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Retainers (orthodontic)	Yes - only with prior authorization		replaced within 2 years after braces removed	
Braces	Yes - only with prior authorization		handicapping malocclusion 26	
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	No			
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	No			
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization			
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes			
Intravenous conscious sedation	Yes			
Non-intravenous conscious sedation	Yes			
Analgesia (nitrous oxide)	Yes			

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).